

EXHIBIT A

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

IN RE: ETHICON, INC.,)
PELVIC REPAIR SYSTEM)
PRODUCTS LIABILITY) Master File No.
LITIGATION) 2:12-MD-02327
) MDL 2327
)
)
) JOSEPH R. GOODWIN
) U.S. DISTRICT JUDGE
THIS DOCUMENT RELATES TO:)
THE CASES LISTED BELOW)
)
)
Mullins, et al. v.) 2:12-cv-02952
Ethicon, Inc., et al.)
)
Sprout, et al. v.) 2:12-cv-07924
Ethicon, Inc., et al.)
)
Iquinto v. Ethicon, Inc.,) 2:12-cv-09765
et al.)
)
Daniel, et al. v.) 2:13-cv-02565
Ethicon, Inc., et al.)
)
Dillon, et al. v.) 2:13-cv-02919
Ethicon, Inc., et al.)
)
Webb, et al. v. Ethicon,) 2:13-cv-04517
Inc., et al.)
)
Martinez v. Ethicon,) 2:13-cv-04730
Inc., et al.)
)
McIntyre, et al. v.) 2:13-cv-07283
Ethicon, Inc., et al.)

CONTINUED VIDEOTAPED DEPOSITION OF KIMBERLY KENTON, M.D.
Friday, February 19, 2016, 8:10 a.m.

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<p>1 Q. Okay. And I think you said yesterday 2 that you don't rely on anecdotal information to 3 reach your opinions about the TTV mechanically-cut? 4 A. I try not to. 5 Q. Okay. And you don't rely on information 6 from Ethicon, the manufacturer of the device, is 7 that correct? 8 A. That's correct. 9 Q. And you don't rely on the information 10 that is contained in the Instructions for Use, or 11 the IFU, that accompanies the TTV mechanically-cut, 12 is that right? 13 A. That's correct. 14 Q. Now, yesterday when I looked back at 15 your testimony you said that one of the reasons 16 that you had agreed to testify in the case was that 17 you didn't believe that midurethral slings should 18 be taken off the market or something to that 19 effect. Do you remember that? 20 A. I do. 21 Q. Is that your opinion? Is that a correct 22 statement of your opinion? 23 A. Yes. 24 Q. Okay. Who told you that this lawsuit</p>	<p>1 polypropylene midurethral sling, correct? 2 A. That's correct, although much of the 3 data that we rely upon is based upon 4 mechanically-cut. 5 Q. Okay. Let me talk to you about that a 6 little bit. You must have read my mind. 7 How many RCTs exist establishing the 8 efficacy of the TTV mechanically-cut specifically? 9 A. I don't think I can give you an exact 10 number without going back to some, probably doing a 11 PubMed search and giving you an exact number, 12 because it would even -- even the Cochrane reports 13 and the meta-analyses may miss some. 14 But the Ward-Hilton data is all 15 mechanically-cut. The better part of the SISTER is 16 mechanically-cut. There is a Barber paper looking 17 at I think transobturator versus retropubic. And 18 based on the timing of that, I couldn't tell you 19 for sure, but I think it's probably that reflects 20 mechanically-cut. 21 Q. Okay. When you say "the timing," why is 22 the timing of the article important to you when 23 discussing the mechanically-cut versus the 24 laser-cut?</p>
<p style="text-align: center;">Page 220</p> <p>1 was about taking all polypropylene midurethral 2 slings off the market? 3 A. Nobody. 4 Q. You understand that's not what this 5 lawsuit is about, correct? 6 A. I do understand. 7 Q. Okay. And if the TTV mechanically-cut 8 device was taken off the market, it wouldn't affect 9 your ability to offer surgical options to women for 10 the treatment of stress urinary incontinence, 11 correct? 12 A. Can you please clarify. 13 Q. Sure. If Ethicon stopped selling the 14 TTV that's mechanically-cut, you would still be 15 able to implant the TTV Exact into women, correct? 16 A. Correct. 17 Q. And you'd still be able to implant the 18 Boston Scientific Advantage that you use into 19 women, correct? 20 A. Correct. 21 Q. So, taking the TTV mechanically-cut off 22 the market, even if that's what this case is about, 23 wouldn't affect your ability to offer women a 24 surgical treatment for SUI that included a</p>	<p style="text-align: center;">Page 222</p> <p>1 A. Because my understanding is that the 2 laser-cut came out later. So, only 3 mechanically-cut was available for a long time. 4 Q. Okay. And what year is it your 5 understanding that the laser-cut came on the 6 market? 7 A. I'm not sure. 8 Q. So, you believe that the Ward-Hilton, 9 some of the SISTER study and the Barber paper deals 10 solely with mechanically-cut, is that right? 11 A. I didn't say solely. I said majority of 12 SISTER was mechanically-cut. There is no way to 13 know when people switched over. 14 Q. Okay. So, would you agree with me that 15 in the SISTER study there is no way of really 16 knowing how many of those devices were 17 mechanically-cut and how many of those devices were 18 laser-cut? 19 A. That's correct. But having 20 participated, we were well into the trial before 21 laser-cut was even being introduced into the 22 equation, at least in our sites. 23 Q. Okay. So, for your site you know that 24 there is --</p>

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<p>1 A. It's easier for me to --</p> <p>2 Q. That's fine.</p> <p>3 A. Oddly, I don't have it in the right</p> <p>4 file.</p> <p>5 I can pull it out of here. So much for</p> <p>6 my filing system.</p> <p>7 I will see if I can pull it up.</p> <p>8 THE WITNESS: Can we connect to the Internet</p> <p>9 here?</p> <p>10 MR. SNELL: Yeah. It's DBR WiFi.</p> <p>11 THE WITNESS: Might just be faster to PubMed</p> <p>12 it.</p> <p>13 MS. FITZPATRICK: It's why they call it the</p> <p>14 Windy City I guess. The windows shake.</p> <p>15 (WHEREUPON, discussion was had off</p> <p>16 the record.)</p> <p>17 THE WITNESS: I apologize for not being able</p> <p>18 to put my hand on this.</p> <p>19 BY MS. FITZPATRICK:</p> <p>20 Q. That's okay. If you don't have it, we</p> <p>21 can move on.</p> <p>22 A. Yeah. Like I can find it for you at</p> <p>23 some point, but I -- it's in this pile somewhere.</p> <p>24 Q. Okay. That's fine.</p>	<p>1 Q. So, we can -- we can move on.</p> <p>2 Of the RCTs that you have looked at for</p> <p>3 mechanically-cut TTVT, how many of those had a</p> <p>4 primary endpoint of safety?</p> <p>5 A. In general, you're never going to have a</p> <p>6 primary endpoint of safety for doing a randomized</p> <p>7 controlled trial in something that has a rare</p> <p>8 outcome because you would have to enroll</p> <p>9 millions -- like thousands of women. So, usually</p> <p>10 you have to -- you primary on an efficacy outcome.</p> <p>11 Q. Okay. So, you're not --</p> <p>12 A. Unless something is a common</p> <p>13 complication, and then who would -- had high</p> <p>14 complication rates and then who would be doing an</p> <p>15 RCT? It would be unethical.</p> <p>16 Q. Okay. So, none of them have a primary</p> <p>17 endpoint of safety for the reasons that you have</p> <p>18 just discussed, is that right?</p> <p>19 A. You -- it's not a feasible trial design.</p> <p>20 You have to use a different type of study to</p> <p>21 evaluate that. That's where systematic reviews and</p> <p>22 meta-analyses become powerful.</p> <p>23 THE VIDEOGRAPHER: Excuse me, Doctor, if</p> <p>24 you're not using the laptop, could you move it</p>
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<p>1 So, it's your recollection that there is</p> <p>2 one RCT that compares the laser-cut TTVT Retropubic</p> <p>3 to the mechanically-cut TTVT Retropubic?</p> <p>4 A. I think it's an RCT. Like I said, I</p> <p>5 can't recall the paper --</p> <p>6 Q. Okay.</p> <p>7 A. -- specifically, but I -- there is -- I</p> <p>8 came across one comparator that I can remember.</p> <p>9 Q. Okay. And I think you said that you</p> <p>10 believe that that was an underpowered study where</p> <p>11 they couldn't confirm their conclusions --</p> <p>12 A. Yes.</p> <p>13 Q. -- is that right?</p> <p>14 A. I would -- I would rather than perhaps</p> <p>15 inaccurately cite the paper, I'd rather find the</p> <p>16 paper.</p> <p>17 Q. Okay.</p> <p>18 A. I didn't -- I didn't feel that it made a</p> <p>19 cogent argument that compelled me to lean one way</p> <p>20 or the other.</p> <p>21 Q. Okay. Why don't maybe at a break we can</p> <p>22 take a look for that. But I know that you have a</p> <p>23 time limitation today.</p> <p>24 A. Yeah.</p>	<p>1 away. That's fine. Thank you.</p> <p>2 BY MS. FITZPATRICK:</p> <p>3 Q. Now, Doctor, you offered an opinion</p> <p>4 yesterday that you believed that the laser-cut</p> <p>5 TTVT Retropubic performed the same as the</p> <p>6 mechanically-cut TTVT Retropubic. Do you recall</p> <p>7 that?</p> <p>8 A. I do.</p> <p>9 Q. And is that an opinion that you hold</p> <p>10 today?</p> <p>11 A. It is.</p> <p>12 Q. Is that based on any data that is</p> <p>13 available in the literature to support that</p> <p>14 opinion?</p> <p>15 A. The only small study that I recall</p> <p>16 coming across didn't -- wasn't compelling to</p> <p>17 support one versus the other.</p> <p>18 Q. So, what is the basis for your --</p> <p>19 A. And my clinical experience has not been</p> <p>20 that there's a difference.</p> <p>21 Q. I'm --</p> <p>22 A. My clinical experience hasn't been that</p> <p>23 there is a difference as well.</p> <p>24 Q. And your clinical experience, that would</p>

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<p>1 be the anecdotal experience that we had talked 2 about yesterday and this morning, correct? 3 A. That would be -- 4 MR. SNELL: Objection. 5 BY THE WITNESS: 6 A. That would be every surgeon who is 7 giving their overall clinical experience. I would 8 say in general my experiences are probably slightly 9 less anecdotal because I do report outcomes. 10 BY MS. FITZPATRICK: 11 Q. Have you reported outcomes comparing the 12 laser-cut to the mechanically-cut? 13 A. As I've said, I'm only familiar with one 14 paper in the literature that directly compares 15 those two, for that purpose. 16 Q. Okay. I understand that, but you said 17 that you believe your experiences are probably 18 slightly less anecdotal because you do report 19 outcomes, correct? 20 So, what I am asking is have you 21 reported outcomes that compare the TVT 22 mechanically-cut versus the TVT laser-cut? 23 A. I have not. 24 Q. Okay. And you don't track that actually</p>	<p>1 I came -- I transferred institutions and we are 2 using exclusively laser-cut. 3 Q. Okay. But I have a slightly different 4 question than that. 5 A. Okay. 6 Q. Post-2006 how did you know whether you 7 were implanting a mechanically-cut or a laser-cut 8 into women? 9 A. That's a fair point. 10 Q. So, at your prior -- so, before 11 laser-cut hit the market, you know that you 12 implanted only mechanically-cut, correct? 13 A. That's correct. 14 Q. You didn't start to implant the TVT 15 until the mid-2000s, correct? 16 A. Right. So, the only way I would know 17 which one I was using is to go back and pull the 18 records. 19 Q. Okay. Which you haven't done? 20 A. I have not done. 21 Q. Okay. Have you -- do you know who 22 Dr. Nilsson is? 23 A. Nilsson that has published the papers? 24 Q. Yes.</p>
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<p>1 in either your academic work or in your clinical 2 work, correct? 3 A. No, actually, we actually do track our 4 outcomes. 5 Q. Okay. Do you track your outcomes in 6 your clinical work? 7 A. I do. As I said, we see our patients 8 back yearly. 9 Q. Okay. I'm asking you something a little 10 different. 11 Do you track outcomes for patients 12 looking at mechanically-cut versus laser-cut? 13 A. Well, if you tracked -- the only way you 14 can track that type of an outcome is if you're 15 going to retrospectively look at the patients 16 who've had implanted, and we do -- we do keep those 17 data and we see people back yearly. 18 Q. Okay. You keep the data on who's had a 19 mechanically-cut versus who's had a laser-cut, is 20 that right? 21 A. Well, for me it's been rather simple 22 because I practice at one institution and everyone 23 got a mechanically-cut TVT because that was the 24 device that I was using. And then I came here and</p>	<p>1 A. I don't know him personally. 2 Q. Do you know who he is? 3 A. I know his work. 4 Q. Okay. Do you consider that work to be 5 reliable? 6 A. I think that for the -- yes. I mean, 7 it's observational cohort data, so it's not as good 8 as RCT data. But you're never going to be able to 9 do a randomized controlled trial and follow women 10 for 10 or 20 years because no one is going to pay 11 for it. 12 And as the SISTER trial showed, women 13 that are happy and incontinent tend to not enroll 14 in long-term follow-up. 15 Q. So, Doctor -- but you are familiar with 16 Dr. Nilsson's work, is that right? 17 A. I am. 18 Q. Are you familiar with any of 19 Dr. Nielsen's opinions about the differences, if 20 any, between laser-cut and mechanically-cut mesh? 21 A. No. 22 Q. Has anyone from Ethicon ever shared that 23 information with you? 24 A. If they have, I don't recall it.</p>

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<p>1 MS. FITZPATRICK: Burt, can I just do one 2 thing superquick.</p> <p>3 MR. SNELL: What?</p> <p>4 BY MS. FITZPATRICK:</p> <p>5 Q. This CV that you have, is that your most 6 up-to-date copy of your CV that was attached to 7 your report?</p> <p>8 A. I update it like every probably monthly. 9 So, it's probably a month or so out of date.</p> <p>10 MS. FITZPATRICK: If I can just get the most 11 recent copy of her CV, then we're all set. Thank 12 you.</p> <p>13 BY THE WITNESS:</p> <p>14 A. It's not wildly different.</p> <p>15 EXAMINATION</p> <p>16 BY MR. SNELL:</p> <p>17 Q. Dr. Kenton, Burt Snell representing 18 Ethicon and Johnson & Johnson. I just want to 19 follow-up on a couple quick topics.</p> <p>20 We talked primarily about the Schimpf 21 systematic review today. Did you cite to other 22 systematic reviews and meta-analyses in support of 23 your opinions and your report?</p> <p>24 A. I did.</p>	<p>1 Cochrane review or others, show a lower rate of 2 those complications with the TTV as compared to --</p> <p>3 A. Yes.</p> <p>4 Q. -- the autologous or the Burch?</p> <p>5 You were asked about mesh exposure.</p> <p>6 A. As does the SISTER and TOMUS trials.</p> <p>7 Q. You were asked about mesh exposure and 8 you also talked about suture erosions. Do you 9 classify those as wound complications?</p> <p>10 A. Yes.</p> <p>11 Q. Did -- were wound complications assessed 12 in both the SISTER and TOMUS trials?</p> <p>13 A. They were and they were similar. They 14 were just different places that the wound 15 complication occurred.</p> <p>16 Q. And do you recall whether for wound 17 complications not requiring surgical intervention, 18 whether there was a higher rate with autologous 19 pubovaginal sling, Burch or --</p> <p>20 A. Wound complications not requiring 21 reoperation was higher in the autologous fascial 22 sling arm. Wound complications requiring 23 reoperations were similar.</p> <p>24 Q. You were asked some questions about</p>
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<p>1 Q. Would you turn to page 36 for the 2 American Urologic Association's systematic review 3 and guideline.</p> <p>4 You were asked some questions about pain 5 and sexual dysfunction and rates, how they compare 6 amongst the different options.</p> <p>7 Did you assess those issues on page 36 8 and 37 of your report?</p> <p>9 A. I did.</p> <p>10 Q. How does the midurethral sling compare 11 to the autologous pubovaginal sling and the Burch?</p> <p>12 A. For what?</p> <p>13 Q. For pain and sexual dysfunction.</p> <p>14 A. Do you want me to recite the actual 15 percentages that I gave?</p> <p>16 Q. What is your assessment of what those 17 percentages show? Was midurethral sling less than 18 the other procedures --</p> <p>19 A. Yeah.</p> <p>20 Q. -- or more than?</p> <p>21 A. Less than, which is consistent with.</p> <p>22 Q. You were asked some questions about 23 voiding dysfunction and retention. Do some of the 24 other systematic reviews, if any, like Ogah, the</p>	<p>1 mechanical-cut versus laser-cut. Now, and there 2 were questions about certain randomized controlled 3 trials, and I think you testified that the earlier 4 data and the longer-term data are for the 5 mechanical-cut TTVT, is that right?</p> <p>6 A. Yes.</p> <p>7 Q. If you look at Table 1 of Schimpf.</p> <p>8 A. Okay.</p> <p>9 Q. You were saying that one could look at 10 the years when those studies were performed to 11 assess whether they were mechanical-cut or came 12 later after 2007 for --</p> <p>13 A. Correct.</p> <p>14 Q. -- laser-cut.</p> <p>15 So, in Table 1 for the various TTVT 16 studies, do the majority of those appear to be 17 mechanical-cut?</p> <p>18 A. They do.</p> <p>19 Q. At page 11 and 12 of your expert report 20 you were asked some questions about are there any 21 specific studies that reference a difference, if 22 any, in complications for laser or mechanical-cut 23 TTVT?</p> <p>24 A. Oh, there it is.</p>

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<p>1 Q. My question to you is: Did you identify 2 those particular studies where there was commentary 3 on laser versus mechanical-cut -- 4 A. I did. 5 Q. -- that you found on your PubMed 6 searching? 7 You cite to a study in 2006 comparing 8 laser-cut to mechanical-cut TVT-O and you say which 9 is the same material as mechanically-cut TTVT. 10 Did the mechanical-cut tape have any 11 higher rate of complication for mesh exposures? 12 A. It had lower. 13 Q. On the next page you cite to another 14 randomized trial with mechanically-cut TTVT tape in 15 the TTVT-O and then a TTVT-Secur which you identify 16 as laser-cut. 17 Did the mechanical-cut TTVT tape have a 18 higher rate of dyspareunia than the laser-cut? 19 A. No. 20 Q. Have you continually looked at the 21 medical literature and studies before 2007 when 22 laser-cut mesh became available as well as after? 23 A. I have. 24 Q. Have you seen any clinically significant</p>	<p>1 TTVT? 2 A. I would like to get the actual numbers. 3 Can you ask something else while I look? 4 Q. Yes. You were asked questions about 5 whether there could be prolonged pain or death with 6 the autologous pubovaginal sling, and I think you 7 stated that off the top of your head you couldn't 8 point to or recall a specific article in the 9 literature that reported those complications. 10 Do you recall giving that testimony? 11 A. I do recall that. 12 Q. Do you recall actually one of the 13 studies, it may have been mentioned, I thought it 14 was, by lead author Chaikin regarding pubovaginal 15 fascial slings? 16 A. Yeah, that was in Dr. Blaivas' report. 17 Q. Okay. If you look at Table 4, 18 "Complications," do they in fact report a death as 19 well as prolonged pain with the autologous 20 pubovaginal sling? 21 A. They do. 22 Q. Do they also state that since there is 23 no exact method of determining how much tension to 24 put on that sling during surgery, one must rely on</p>
<p style="text-align: center;">Page 420</p> <p>1 difference in the rates of complications with TTVT 2 that were reported before 2007 as opposed to after? 3 A. Definitely not. 4 Q. Are the rates in the large systematic 5 reviews and Cochrane reviews like 4 Tommaselli, are 6 the rates of complications, particularly let's take 7 exposure, consistent or inconsistent with the rates 8 reported before 2007? 9 A. Consistent. 10 Q. You were asked questions about the mesh 11 folding or curling. In your analysis did you see 12 any Level 1 data that attributed mesh folding, 13 curling or roping to a complication? 14 A. No. 15 Q. You were asked about voiding 16 dysfunction. Have you assessed the voiding 17 dysfunction and the rate for surgery needed to 18 address voiding dysfunction in SISTER and TOMUS 19 studies? 20 A. We did. 21 Q. And what is your opinion as to what 22 those show, if anything, with regard to a 23 difference in the rates between the autologous 24 pubovaginal slings you were asked about and the</p>	<p style="text-align: center;">Page 422</p> <p>1 experience to make judgments? 2 A. Yes. 3 Q. Now, is that consistent or inconsistent 4 with your opinion about how you tension TTVT slings? 5 A. That's consistent with what I've said -- 6 Q. Is that consistent -- 7 A. -- yesterday. 8 Q. Is that consistent or inconsistent with 9 what you said as a basis for your use of TTVT that 10 you had already been trained and experienced in 11 fascial slings? 12 MS. FITZPATRICK: I'm going to object at this 13 point to not only is this leading, Mr. Snell, you 14 are basically testifying for the witness in an 15 attempt to change her testimony from before and 16 what she did and it's completely improper. 17 MR. SNELL: It's not. I'm asking. This is 18 perfectly good, solid questioning. 19 MS. FITZPATRICK: Completely leading. 20 MR. SNELL: Actually, consistent or 21 inconsistent, if you look, is not leading. All 22 right. So that's the question. She can answer any 23 way she wants to. Is it consistent or 24 inconsistent.</p>

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<p>1 MS. FITZPATRICK: You want to spend your 2 witness' time acting like this, you go right ahead. 3 THE WITNESS: So -- 4 MS. FITZPATRICK: But maybe it's better to let 5 her answer the questions and get out. 6 BY THE WITNESS: 7 A. Voiding dysfunction leading to surgical 8 revision after a pubovaginal sling in RCTs was 6% 9 compared to 2.7% after retropubic midurethral. 10 BY MR. SNELL: 11 Q. And you are referencing voiding 12 dysfunction in the SISTER and TOMUS trials? 13 A. I am. 14 Q. And, so, my question then -- I think I 15 have just two more. 16 When you mentioned that you were trained 17 on the autologous sling and learned how to tension 18 slings and then you transitioned to TVT and it was 19 not a significant difference in your opinion, is 20 that consistent or inconsistent with the statement 21 in the Chaikin paper that since there is no exact 22 method of determining tension to put on an 23 autologous sling, one must rely on experience? 24 A. That's consistent.</p>	<p>1 A. I believe that's consistent with my 2 testimony that it should be individualized. 3 MR. SNELL: Thank you. That's -- is there 4 anything else? 5 I'm just going to mark for the record -- 6 let's mark these as the next two in line. 7 BY MR. SNELL: 8 Q. A question was raised, Doctor, about -- 9 Ms. Fitzpatrick gave you a sheet of paper that 10 seemed to suggest that there may be a \$5,000 11 contract with you between you and Ethicon. 12 I'm going to mark for the record 13 additional Ethicon documents that you weren't shown 14 which on their face state -- 15 A. This is the one from 2007? 16 Q. Yes. Which on their face state that 17 there was no payment made, zero dollars. Just for 18 the record. 19 A. Good. 20 MR. SNELL: We will mark those seriatim. 21 BY THE WITNESS: 22 A. Then my recollection was correct. 23 (WHEREUPON, certain documents were 24 marked Kenton Deposition Exhibit</p>
<p>1 Q. You were shown the IFU and asked 2 questions that seem to imply that there was a 3 discrepancy in the language about tensioning. Do 4 you recall that? 5 MS. FITZPATRICK: Objection; misrepresents the 6 statement, the question. 7 BY MR. SNELL: 8 Q. Do you recall in general the discussion 9 with -- 10 A. I do recall -- 11 Q. -- Ms. Fitzpatrick? 12 A. -- about the IFU discussion. 13 Q. I want to read something from the IFU to 14 you. It says -- that you weren't read -- "This 15 device should be used only by physicians trained in 16 the surgical treatment of stress urinary 17 incontinence. These instructions are recommended 18 for general use of the device. Variations in use 19 may occur in specific procedures due to individual 20 technique and patient anatomy." 21 My question to you is: Is that 22 consistent or inconsistent with your opinions on 23 how you in fact tension TVT for your different 24 patients?</p>	<p>1 No. 21, Ethicon document, "All 2 active contracts for 2008 through 3 Nov. 19, 2008"; Bates No. 4 Eth.Mesh.05013617, and No. 22, 5 11/11/2010 Ethicon document re 6 contracts; no Bates numbers.) 7 MR. SNELL: That's it. 8 MS. FITZPATRICK: Are you done testifying, 9 Mr. Snell? 10 MR. SNELL: I'm not testifying. I was 11 questioning. 12 FURTHER EXAMINATION 13 BY MS. FITZPATRICK: 14 Q. Turn to page 11 of your report. 15 You don't cite this 2006 study. What is 16 it? 17 A. What do you mean I don't cite it? 18 Q. I don't see a footnote that tells me 19 what study -- 20 A. I didn't put the reference in? 21 Q. No. What study is it? 22 A. I mean, if I did have the reference, 23 I'll have to go back and pull it from my file. 24 Q. Do you believe that it's -- it would be</p>

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<p>1 appropriate for me to use data on complication 2 rates related to the ObTape and as a basis for what 3 I can expect out of complications from a TTVT 4 device?</p> <p>5 A. I believe that ObTape has higher erosion 6 rates than TTVT.</p> <p>7 Q. Okay. So, why would you use a paper 8 that's comparing the erosion rates of an ObTape 9 laser-cut to a TTVT-O mechanical-cut to support your 10 opinion that there is no difference between the 11 TTVT Retropubic mechanically-cut and the TTVT 12 laser-cut?</p> <p>13 A. Because there are very few data about 14 actually mechanically-cut versus laser-cut, and 15 that's about as good as the data is going to get.</p> <p>16 Q. That's the best you can get. But you 17 agree with me, that's not a very good comparison, 18 is it?</p> <p>19 A. It's not any better than the -- it's -- 20 to me it's not better or worse than the theories 21 that an engineer who has never touched a patient 22 has.</p> <p>23 Q. Is that sufficient data for you as a 24 surgeon to rely on to make the determination that</p>	<p>1 is a difference, and there is a propensity of data 2 to support the mechanically-cut TTVT is safe.</p> <p>3 BY MS. FITZPATRICK:</p> <p>4 Q. Okay. Do you believe that a study 5 comparing an ObTape laser-cut group to a 6 mechanically-cut TTVT-O group is an appropriate 7 comparator or data to use when trying to determine 8 the clinical performance differences between the 9 TTVT-R mechanical-cut and the TTVT-R laser-cut?</p> <p>10 MR. SNELL: Objection; form, asked and 11 answered.</p> <p>12 BY THE WITNESS:</p> <p>13 A. I don't believe that there are any 14 compelling data to use to compare those two.</p> <p>15 BY MS. FITZPATRICK:</p> <p>16 Q. Okay. Including this 2006 study that 17 you cite, correct?</p> <p>18 A. Correct. It's the only thing that's out 19 there --</p> <p>20 Q. Thank you.</p> <p>21 A. -- which is why I included it.</p> <p>22 MS. FITZPATRICK: Nothing further.</p> <p>23 THE VIDEOGRAPHER: Okay.</p> <p>24 MR. SNELL: That's it. Thank you.</p>
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<p>1 there is no difference between the mechanically-cut 2 TTVT-R and the mechanically-cut -- or the laser-cut 3 TTVT-R?</p> <p>4 A. As I've testified numerous times, most 5 of the data on which I made my decision to 6 transition to midurethral sling as well as a good 7 portion of the outcome data is on mechanically-cut.</p> <p>8 So, I make my decisions not based on a 9 little itemized study but, rather, on the multitude 10 of the outcome data.</p> <p>11 Q. Dr. Kenton, if we focus on what I'm 12 asking you, you're going to get out of here really 13 fast.</p> <p>14 A. Great.</p> <p>15 Q. TTVT laser-cut versus TTVT 16 mechanically-cut.</p> <p>17 A. There is no --</p> <p>18 Q. Is there any data that supports your 19 opinion that there is no difference between the 20 clinical performance of the TTVT-R mechanically-cut 21 and the TTVT-R laser-cut?</p> <p>22 MR. SNELL: Asked and answered.</p> <p>23 BY THE WITNESS:</p> <p>24 A. There is no data to support that there</p>	<p>1 THE VIDEOGRAPHER: The time is 12:15 p.m. 2 This is the end of the deposition, Volume 2 of the 3 deposition of Dr. Kimberly Kenton, and we're going 4 off the video record.</p> <p>5 (Time Noted: 12:15 p.m.)</p> <p>6 FURTHER DEPONENT SAITH NAUGHT.</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

Kimberly Kenton, M.D.